

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534853

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	/	/	/	/		
7	/	/	/	/		
8	/	/	/	/		
9	/	/	/	/		
10	/	/	/	/		
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47	/	/	/	/		
48	/	/	/	/		
49	/	/	/	/		
50	/	/	/	/		
TOTAL IND.	↓		2	↓		↓
TOTAL DEP.	←		39	←		←
TOTAL CLAIMS			41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
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94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.	↓		↓	↓		↓
TOTAL DEP.	←		←	←		←
TOTAL CLAIMS						